

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>David E. Mack</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  David E. Mack 7720 McCallum Blvd No. 2209 Dallas, Tx 75252		B. Received by (Printed Name)  C. Date of Delivery 8/18/11	
2. Article Number (Transfer from service label) 7010 2780 0000 9134 8592		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  Case No. 4:11cv343/22+23 Case No. 4:11cv344/21+22	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

AUG 22 2011

DAVID J. MALAND, CLERK  
BY  
DEPUTY \_\_\_\_\_